


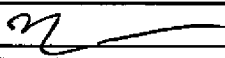
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0234-0516PUS1 | |
|---|---|---|-----------------------------------|------------------------------|-----------------|
| Application No. 10/587,499-Conf. #8353 | | Filing Date July 27, 2006 | | Examiner G. Visconti | |
| Art Unit 1795 | | | | | |
| Applicant(s): Yasuaki DEGUCHI et al. | | | | | |
| Invention: SILVER HALIDE COLOR PHOTOGRAPHIC LIGHT-SENSITIVE MATERIAL AND COLOR IMAGE-FORMING METHOD | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 62 | - 58 = | 4 | x 50.00 | 200.00 |
| Independent Claims | 8 | - 4 = | 4 | x 210.00 | 840.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within third month | | | | | 1,050.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 2,090.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>2,090.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  MaryAnne Armstrong, Ph.D. Attorney Reg. No.: 40,069 BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | Dated: <u>March 25, 2008</u> | |

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

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|--|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/587,499-Conf. #8353 |
| | | Filing Date | July 27, 2006 |
| | | First Named Inventor | Yasuaki DEGUCHI |
| | | Examiner Name | G. Visconti |
| | | Art Unit | 1795 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 2,090.00 |
| | | Attorney Docket No. | 0234-0516PUS1 |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|---------------------|---|----------------------|----------------------------------|----------------------|-----------------------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | | | | | |
| Each claim over 20 (including Reissues) | 50 | 25 | | | | | |
| Each independent claim over 3 (including Reissues) | 210 | 105 | | | | | |
| Multiple dependent claims | 370 | 185 | | | | | |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | |
| 62 | - 58 = 4 | x 50.00 = | 200.00 | Fee (\$) | Fee Paid (\$) | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| 8 | - 4 = 4 | x 210.00 = | 840.00 | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| - 100 = | /50 = | (round up to a whole number) x | = | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | Fees Paid (\$) | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | | | | 1,050.00 | | | |

| SUBMITTED BY | | | |
|-------------------|---|-----------------------------------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 40,069 |
| Name (Print/Type) | MaryAnne Armstrong, Ph.D. | Telephone | (703) 205-8000 |
| | | Date | March 25, 2008 |